

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

10/17/2008 21 : 31

430 South Capitol Street, SE

2nd Floor

Washington

DC

20003

FEC ID No. C00000935

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

GRS Consulting, LLC

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Amount

900.00

Mailing Address

2929 University Avenue

Suite 100

City

Minneapolis

State

MN

Zip Code

55104

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: AL

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-853773

Date of Dissemination 10/16/08

Calendar Year-To-Date Per Election

627588.81

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

GRS Consulting, LLC

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Amount

900.00

Mailing Address

2929 University Avenue

Suite 100

City

Minneapolis

State

MN

Zip Code

55104

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: AL

☐ Senate

District: 02

☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-853774

Date of Dissemination 10/16/08

Calendar Year-To-Date Per Election

627588.81

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

1800.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

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SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Mission Control, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Amount

9640.19

Mailing Address

114 A Mansfield Holow Rd.

City

Mansfield Center

State

CT

Zip Code

06250

Purpose of Expenditure

Mail Services

Category/
Type

006

Office Sought: ☒ House

State: AL

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-853804

Calendar Year-To-Date Per Election

627588.81

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Mission Control, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Amount

9640.19

Mailing Address

114 A Mansfield Holow Rd.

City

Mansfield Center

State

CT

Zip Code

06250

Purpose of Expenditure

Mail Services

Category/
Type

006

Office Sought: ☒ House

State: AL

☐ Senate

District: 02

☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-853805

Calendar Year-To-Date Per Election

627588.81

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

19280.38

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee			FEC IDENTIFICATION NUMBER C C00000935		
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.			Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8		
Mailing Address 114 A Mansfield Holow Rd.			Amount 8044.93		
City Mansfield Center	State CT	Zip Code 06250	Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential		
Purpose of Expenditure Mail Services		Category/ Type 006	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: Bobby Neal Bright, Sr.			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____		
Calendar Year-To-Date Per Election for Office Sought		627588.81	Transaction ID: SE-853806		

Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.			Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8		
Mailing Address 114 A Mansfield Holow Rd.			Amount 8044.92		
City Mansfield Center	State CT	Zip Code 06250	Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential		
Purpose of Expenditure Mail Services		Category/ Type 006	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: Jay Love			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____		
Calendar Year-To-Date Per Election for Office Sought		627588.81	Transaction ID: SE-853807		

(a) SUBTOTAL of Itemized Independent Expenditures	16089.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	37170.23
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Brian L. Wolff Signature	
M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	